

Division of Program Compliance – Audits Branch 1600 9th Street, Sacramento, CA 95814 (916) 445-1554, FAX (916) 445-1588

June 30, 2009

Manual J. Jimenez, Director Merced County Mental Health P. O. Box 2087 Merced, CA 95344

Dear Mr. Jimenez:

AUDIT REPORT - MERCED COUNTY MENTAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Merced County Mental Health for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

Fodoral Ohara of	Settled	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 4,534,487	\$ 4,507,796	\$ (26,691)
Federal Share of Healthy Families/Medi-Cal	\$ 53,504	\$ 52,999	\$ (505)
State General Funds EPSDT Due State	\$ 402,197	\$ 410,993	\$ 8,796

Manual J. Jimenez, Director June 30, 2009 Page Two

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

CHUKWUEMEKA OKEMIRI, CPA Supervisor, Northern Region Audits

Chal Obemin'

Enclosures

Certified Mail

MERCED COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

NET REIMBURSABLE MEDI-CAL		_	As Settled	_	Audit Adjustments		As Audited
PROGRAM COSTS							
COUNTY PROVIDERS							
MEDI-CAL - FFP	(Sch. 2a)	\$	4,521,185	\$	(25,568) \$:	4,495,617
HEALTHY FAMILIES - FFP	(Sch. 2a)	T.	53,504	Ψ	(505)	,	52,999
TOTAL FFP - COUNTY PROVIDERS	(5577. 22)	s _	4,574,689	\$ _	(26,073) \$		4,548,616
CONTRACT PROVIDERS							
MEDI-CAL - FFP	(Sch. 3b)	\$	13,302	\$	(1,123) \$;	12,179
HEALTHY FAMILIES - FFP	(Sch. 3b)		0		0		0
TOTAL FFP - COTRACT PROVIDERS		\$ _	13,302	\$_	(1,123) \$;_	12,179
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS						
MEDI-CAL - FFP		\$	4,534,487	\$	(26,691) \$	•	4,507,796
HEALTHY FAMILIES - FFP			53,504		(505)		52,999
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS	\$ =	4,587,991	\$ _	(27,196) \$	·	4,560,795
EPSDT - SGF Settlement	(Sch. 4 Line 10)		- 4 02,197		8,796		410,993
EPSDT - SGF Distribution	(Sch. 4 Line 11)		402,197		0		402,197
SGF Due County (State)	(Sch. 4 Line 12)	_	0	_	8,796	_	8,796
SOI Due County (State)	(30) 4 Line (2)		U		0,770		0.790

MERCED COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL

					Audit		
			As Settled		Adjustments		As Audited
Total Medi-Cal Gross Reimbursement		_					
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		7,596,928		102,252		7,699,180
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		7,503		1		7,504
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		74,829		(704)		74,125
9. Total		\$_	7,679,260	\$	101,548	\$=	7,780,808
Less: Patient & Other Payor Revenues							
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		0		46,449		46,449
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13 Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18. Total		\$ _	0	\$	46,449	\$=	46,449
Medi-Cal Net Reimbursement for Direct Services							
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		7,604,431		55,804		7,660,235
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23. Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	_	74,829		(704)	_	74,125
25. Total		\$=	7,679,260	\$_	55,099	\$_	7,734,359
Medi-Cal MAA Reimbursement							
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0		0		0
29. Total		s –	0	` \$ _	0	\$	0

MERCED COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
Amount Negotiated Rates Exceed Cost			715 Settled	-	7149401111111111111111111111111111111111	-	710710110
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35 Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total		\$ <u></u>	0	\$_	0	\$ <u>_</u>	0
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	1,175,254	\$	15,001	\$	1,190,255
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	1,642,922	`\$	364,110	s –	2,007,032
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$=	1,175,254	\$_	15,001	\$ =	1,190,255
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lin	nit (MH1979, Ln 8)	\$_	7,483	\$ _	(71)	\$_	7,412
41. Healthy Families Administration	(MH1979, Ln 9)	s _	21,322	\$_	(1,214)	\$_	20,108
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	7,483	\$_	(71)	\$=	7,412
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Coi. D)	\$_	165,516	S _	(104,714)	\$_	60,802
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$=	0	\$_	47,289	\$_	47,289
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	3,798,464	\$	27,902	\$	3,826,366
46. Enhanced (Children)	(MH1979, Ln 17,17A)		4,878		(1)		4,877
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		587,627		7,501		595,128
50. U.R. Skilled Professional	(MH1979, Ln 14)		124,137		(78,535)		45,602
51. U.R. Other	(MH1979, Ln 15)		6,079		17,565		23,645
52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0		0	_	0
53. Subtotal- FFP		\$=	4,521,185	\$_	(25,568)	\$=	4,495,617
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0		0	_	0
56. Total SD/MC Reimbursement - FFP		s _	4,521,185	\$ _	(25,568)	\$ _	4,495,617
Net Healthy Families Reimbursement - FFP				_			
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	48,640	\$	(459)	\$	48,181
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	4,864	_	(46)		4,818
60. Total Healthy Families Reimbursement - FFP		\$_	53,504	\$=	(505)	\$_	52,999
61. Total - FFP (Ln 56 + Ln 60)		\$_	4,574,689	\$_	(26,073)	\$_	4,548,616
			<u> </u>				(To Sch. 1)

SCHEDULE 3

MERCED COUNTY SUMMARY OF CONTRACT PROVIDERS MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		(1)			(2)	1	30	(3)		1.15		(4)	学师 医2	(5)		(6)	. (7	')		· (£	3)		(9)		(10)
		Medi-Cal		Enh	anced -		E	nhance	d -		-	Total		Healthy		Medi-Cal	Enhan	ced -		Enhan	ced -		Total		Healthy
Legal		and Crossover			ildren			Refuge	95		Gro	ss Cos	it	Families		and Crossover	Child			Refu	gees		Gross Cost		Families
Entity		Gross Reimb.		Gros	s Reimi	b.	Gr	ross Re	imb.		(Ex	ci. HFP	<u> </u>	Gross Reimb		Gross Reimb.	Gross I	Reimb.		Gross	Reimi	٥.	(Excl. HFP)	G	Fross Reimb.
<u>Number</u>	Legal Entity			I	N	P	Α	<u> </u>		E	N	T					0 0	T	P	_A_	T	ı	<u>E</u> N T		
		(MH 1968,		(M	1 1968,		((MH 196	3 8,		(Co	. 1 to 3	3)	(MH 1968,		(MH 1968,	(MH 1	1968,		(MH	1968,		(Col. 6 to 8)		(MH 1968.
		Ln 5, 5A, 10,10A	A)	Ln	16, 16A)		Ln 22)					Ln 27, 27A)		Ln 5, 5A, 10,10A)	Ln 16	, 16A)		Ln	22)				Ln 27 27A)
00255	Odd Fellow Rebekah Children's	\$ ſ	2	\$		0 :	5		0	\$			0 \$		0 \$	4,083 \$		0	\$			0 \$	4,083	\$	0
00467	Aspira Counseling Services	\$ (0	\$		0 :	\$		0	\$			0 \$		0 \$	20.276 \$		0	\$			0 \$	20,276	\$	0

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 24,359 \$ 0 \$ 0 \$ 24,359 \$ 0

SCHEDULE 3a

MERCED COUNTY SUMMARY OF CONTRACT PROVIDERS', MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		1	AND THE REAL PROPERTY.	(12)		(13)	1.1	(14)			(15)		(16)			(17)		(18)		(19)	
			Totai	Healthy		Total		Healthy			Total					Total				Total	
Legal			Revenue	Families		Revenue		Families			Net Cost		Net Cost			Net Cost		Net Cost		MAA	
Entity			(Excl. HFP)	Revenue		(Excl. HFP)		Revenue	_	_	(Excl. HFP)		Healthy Families	5	(E	xcl. HFP)		Healthy Familie	5	FFP	
Number	<u>Legal Entity</u>	Γ	INPAT	IENT	7 C	OUTPA	ĪΤ	IENT		lΓ	INP	A T	IENT			0 0 1	A	TIENT		Reimburseme	ant_
		_	(MH 1968,	(MH 1968,		(MH 1968,		(MH 1968,			(Col 4-11)		(Col 5-12)		(Col 9-13)		(Col 10-14)		(MH 1979.	
			Ln 28 to 30)	Ln 31)		Ln 28 to 30)		Ln 31)												Ln 11-13)	
00255	Odd Fellow Rebekah Children's	\$	0 \$		0 \$	0 :	\$		0	\$	0	\$		0	\$	4,083	\$		0 \$		O
00467	Aspira Counseling Services	\$	0 \$		0 \$	0 :	\$		0	\$	0	\$		٥	3	20,276	\$		0 \$		٥

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 24,359 \$ 0 \$

SCHEDULE 3b

MERCED COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

	Si si	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
		Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					•
Legal		Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
<u>Number</u>	Legal Entity	INPA	TIENT	OUTP	ATIENT	. (FFP)	(FFP)	(FFP)	Maximum	Maximum
		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00255	Odd Fellow Rebekah Childn \$	0.5	0 \$	0	\$ 0	\$ 2.041	s 0 s	2.041	\$ 47,000 \$	2.041
00467	Aspira Counseling Services \$	0 \$	0 \$	Ō	\$ 0	\$ 10,138	\$ 0\$	10,138	\$ 54,000	10,138

 GRAND TOTAL
 \$
 0
 \$
 0
 \$
 12,179
 \$
 0
 \$
 12,179
 \$
 101,000
 \$
 12,179

(To Sch. 1)

MERCED COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2005

	_	As Settled		Audit Adjustments		As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$	7,631,035	\$	53,559	\$	7,684,594
(2) Total SD/MC Claims		7,596,781		0		7,596,781
(3) Percent % (Line 1/Line 2)		1.00		0.01		1.01
(4) EPSDT Claims		2,752,750		0		2,752,750
(5) Actual Cost Settled EPSDT SD/MC		2.000.120		10.515		2.704 (02
(Line 3 X Line 4)		2,765,137		19,545		2,784,682
(6) Cost Settled Baseline for EPSDT		1,886,861		0		1,886,861
(7) Net Cost Settlement Amount (Line 5 - Line 6)		878,276		19,545		897,821
(8) 50% of Cost Settlement Amount (Line 7 x 50%)		439,138		9,773		448,911
(8a) FY 2001-02 EPSDT Settlement		69,727		0		69,727
(8b) Annual Local Growth (L. 8 - 8a)		369,411		9,773		379,184
(9) County Match 10% of Local Growth (8b x 10%)		36,941		977		37,918
(10) Net Cost Settlement Amount (L. 8 - 9)		402,197		8,795		410,993
(11) SGF Distribution (Settled and Audited)		402,197		0		402,197
(12) SGF Due State	\$ <u></u>	0	\$ <u></u>	8,795	s_	8,796
						(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SFs 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHFs) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

(12) Amount owed back to the state cannot be more than was paid.





AUDIT ADJUSTMENTS

Provide			.V. V. I		Provider Number		No. of Adj.				l Ended
<u> </u>	MERCED		_		00024	-	58 	1	June	e 30, i	2005
	Report Refe	erence					As		Increase		As
Adj.	Form/		0-1	EXPLANATION OF AUDIT ADJUSTM	ENTS		Reported		(Decrease)		Adjusted
No.	Sch.	Line	Col.					+		+-	
1				ADJUSTMENTS TO REPORTED COSTS				}			
1	MH 1960	4	С	OTHER ADJUSTMENTS		\$	(2,222,206)	\$	(20,000)	\$	(2,242,206)
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION		\$	16,845,456	\$	(20,000)	\$	16,825,456
3	MH 1960	18	С	MODE COSTS (DIRECT SERVICE AND MAA)		\$	14,134,105	\$	(20,000)	\$	14,114,105
				To correct contractor payment accrual adjustment applied to Trea Overhead which was distributed to Mode Costs per county's work							
4	MH 1960	9	С	SD/MC ADMINISTRATION		\$	1,642,922	\$	(1,642,922)	\$	o
5	MH 1960	10	С	HEALTHY FAMILIES ADMINISTRATION		\$	21,322	\$	(21,322)	\$	0
6	MH 1960	11	С	NON SD/MC ADMINISTRATION		\$	790,610	\$	(790,610)	\$	0
info	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS		\$	2,454,855	\$	(2,454,855)	\$	2,454,855 *
				To eliminate the reported allocation of Administrative Costs. Administrative Costs. Administrative Costs will be redistributed to the proper cost centers after adjustments to costs are made below.							
7	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS	**	ĮΨ	2,454,855	\$	701,693	\$	3,156,548 *
8	MH 1960	18	C	MODE COSTS (Direct Service and MAA)	**	\$	14,114,105	\$	(701,693)	\$	13,412,412 *
				To reclassify A-87 Countywide Allocation Costs to Administrative	Costs from Mode Cost.						
9	MH 1960	13	С	SKILLED PROFESSIONAL MEDICAL PERSONNEL		\$	165,516	\$	(165,516)	\$	0
10	MH 1960	14	С	OTHER SD/MC UTILIZATION REVIEW		\$	12,157	\$	(12,157)	\$	0
11	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW		\$	78,822	\$	(78,822)	\$	0
info	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS		\$	256,496	\$	(256,495)	\$	256,496 *
			<u> </u>	To eliminate the reported allocation of Utilization Review Costs. I will be redistributed to the proper cost centers after adjustments to below.							
12	MH 1960	16	l c	TOTAL UTILIZATION REVIEW COSTS	**	s	256,496	 	(100,451)	\$	156.044 *
13	MH 1960	18	č	MODE COSTS (DIRECT SERVICE AND MAA)	**		13,412,412	\$	100,451	\$	13,512,863
				To reclassify share of Treatment Division labor overhead from UF due to lack of sufficient documentation. CMS Pub 15-1 section 2304	R SPMP to Mode Costs						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							





Provider					Provider Number	1	No. of Adj.		Fiscal	Period	Ended
	MERCED				00024		58		June	e 30, 2	2005
	Report Refe	erence					As		Increase		As
Adj.	Form/	1 !	0-1	EXPLANATION OF AUDIT ADJUSTME	NTS		Reported		(Decrease)		Adjusted
No.	Sch.	Line	Col.		_	+-		-			
				ADJUSTMENTS TO REPORTED COSTS							
14	MH 1960	13	С	SKILLED PROFESSIONAL MEDICAL PERSONNEL		\$	0	\$	60,802	\$	60,802
15	MH 1960	14	С	OTHER SD/MC UTILIZATION REVIEW		\$	0	\$	47,289	\$	47,289
16	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW		\$	0	\$	47,953	\$	47,953
info	MH 1960	16	С	TOTAL UTILIZATION REVIEW COSTS		\$	156,044	\$	156,044	\$	156,044
				To allocate Total Audited Utilization Review Costs between SPMP and Non-SD/MC Utilization Review to agree with audit findings.	UR, Other SD/MC UR,						
				ADJUSTMENTS TO ALLOCATION OF COST TO MODES OF SERVICE	<u>s</u>						
17	MH 1964	3	Α	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC)		\$	2,902,409	s	(127,571)	\$	2,774,838
18	MH 1964	4	Α	DAY SERVICES (MODE 10)			252,745		(11,109)		241,636
19	MH 1964	5	Α	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)			10,085,823	1	(443,306)		9,642,517
20	MH 1964	6	Α	OUTREACH SERVICES (MODE 45)			740,335		(32,540)		707,795
21 info	MH 1964	8	Α	SUPPORT SERVICES (MODE 60)			152,793 14,134,105	_s -	(6,716)	s-	146,077
11110				IOIAL		• =	14,134,105		(621,242)	• =	13,512,863_
				To incorporate adjustments made to Direct Services cost into Othe Day Services, Outpatient Services, Outreach Services, and Support							
22	MH 1964	3	l A	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC)		 \$	2.774.838	\$	(601,810)	\$	2.173.028
23	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)		\$	9,642,517	\$	601,810	\$	10,244,327
				To reflect the relative value distribution of the audited direct service and Program I Outpatient Services.	e costs to Mode 5/20						
24	MH 1960	9	С	SD/MC ADMINISTRATION		s	0	\$	2,007,032	s	2.007.032
25	MH 1960	10	С	HEALTHY FAMILIES ADMINISTRATION		\$	0	\$	20,108	\$	20,108
26	MH 1960	11	С	NON SD/MC ADMINISTRATION		\$	0	\$	1,129,408	\$	1,129,408
info	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS	**	\$	3,156,548	\$	3,156,548	\$	3,156,548
				To allocate Total Audited Administrative Costs between SD/MC, Hand Non-SD/MC Administration based on county's records of Medi Non-Medical patient toTotal Patient client count.							
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							





Provider					Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	MERCED				00024	58	June 3	30, 2005
	Report Refe	rence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.	<u> </u>	_			
27 28 29 30 31 32 info 33 34	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11		FIRE NUMBER NITS 07/01/04 - 09/30/04 SHEULD BE SHOWN S 07/01/04 - 09/30/04 10 THE EXPLANATION S 10/01/04 - 06/30/05	TS/TIME ID 2	748,842 1,394,583 13,793 34,840 1,396 1,326 0 3,822 24,480 2,223,082	(158,014) 261,709 (13,699) (34,444) 368 (368) 0 1,505 900 57,957	590,828 * 1,656,292 * 94 * 396 * 1,764 * 958 * 0 * 5,327 * 25,380 * 2,281,039 *
35 36 37 38 39 40 info 41 42	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the settled SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims dated March 25, 2009 (Excluding disallowed claims). Above adjinclude Program II. Copies of workpapers detailing adjustments functions have been provided to Merced County MH Fiscal Mana MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 07/01/04 - 06/30/05 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 06/30/05 TOTAL To adjust the settled SD/MC units of service/time for the county operated facilities to agree with the county's records. Above adjustments include Program II. Copies of workpapers detailing adjustments by service functions have been provided to the county.	ustments by service ager for review.	1,656,292 94 396 1,764 958 0 5,327	10,557 (69,872) 13,699 34,444 (368) 368 0 (1,505) (1,172) (13,849)	601,385 * 1,586,420 * 13,793 * 34,840 * 1,396 * 0 * 3,822 * 24,208 * 2,267,190 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				





Provide	r				Provider Number	No. of Adj.	Fiscal P	eriod Ended
	MERCED		_		00024	58	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj.	Form/		Col.	EXPLANATION OF AUDIT ADJUSTMEN	ITS	Reported	(Decrease)	Adjusted
No.	Sch.	Line_	Col.	-	_			
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/ COUNTY PROVIDERS - PROGRAM\$ 1 AND 2				
43 44 info info info info info info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust county's record to account for the units of service/time that	*** *** *** *** ***	601,385 1,586,420 13,793 34,840 1,396 1,326 0 3,822 24,208 2,267,190	(5.234) (6.379) 0 0 0 0 0 0 0 0 (11,613)	596,151 * 1,580,041 * 13,793 * 34,840 * 1,396 * 1,326 * 0 * 3,822 * 24,208 * 2,255,577 *
45 46 47 48 49 50 info info info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	county removed in the Disallowed Claims System (DCS). These units of service/time were excluded in the State DMH Summa Approved Claims Report but have not been removed from the county record of SD/MC units. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 TOTAL To adjust SD/MC units to incorporate the controls of the lower of the county records or thState DMH Approved Claims Report by SFC. At adjustments include Program II. Copies of workpapers detailing adjuby service functions have been provided to the county. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	** ** ** ** ** ** ** **	596,151 1,580,041 13,793 34,840 1,396 1,326 0 3,822 24,208 2,255,577	(635) 13,746 (12,830) (31,963) 368 (368) 0 0 0 (31,682)	595,516 1,593,787 963 2,877 1,764 958 0 3,822 24,208 2,223,895





Provider	MERCED		·		Provider Number 00024	No. of Adj. 58		eriod Ended 30, 2005
<u> </u>	Report Refe	rence		<u> </u>		<u> </u>		
Adj.	Form/	Line	Col.	EXPLANATION OF AUDIT ADJUST	MENTS	As Reported	Increase (Decrease)	As Adjusted
110.	Soit.	Line	001.	ADJUSTMENTS TO REPORTED MEDICAL UN CONTRACT PROVIDERS	HITS/TIME			
info 51 info info info info info info info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL		6,579 7,890 0 0 0 0 0 0 0	0 1,080 0 0 0 0 0 0 0 0	6,579 * 8,970 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 *
info 52 info info info info info info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust Contract Providers As Settled units of service/time to agree with the State DMH Approved Claims Report dated March 25 2009. (Excluding disalllowed claims.) Copies of workpapers detailing adjustments by service function have been provided to the county. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the above SD/MC, Enhanced and Healthy Families us service/time to agree with the county's records of contract providence of the county of the county of the county. * Balance carried forward to subsequent adjustment.	nits of der units.	6,579 8,970 0 0 0 0 0 0 0 15,549	0 (2,165) 0 0 0 0 0 0 (2,165)	6,579 * 6,805 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 13,384 * *
				** Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider					Provider Number	No. of Adj.	Fiscal I	Period Ended
	MERCED				00024	58	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNITED SECONTRACT PROVIDERS	TS/TIME			
info info info info info info info info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 CROSSOVER UNITS 07/01/04 - 09/30/04 CROSSOVER UNITS 10/01/04 - 09/30/05 HILDREN) UNITS 07/01/04 - 09/30/05 FUGEES) UNITS 07/01/04 - 06/30/05 ED) UNITS 07/01/04 - 09/30/04 ED) UNITS 10/01/04 - 06/30/05 Wider SD/MC units to incorporate the control inty records or the State DMH Approved Claracter of the State DMH		6,579 6,805 0 0 0 0 0 0 0 13,384	0 0 0 0 0 0 0 0	6,579 6,805 0 0 0 0 0 0 0 0 13,384
53	mh 1968	28a	К	SD/MC + CROSSOVER REVENUE 10/01/04 - 06/30/05 To adjust Crossover Revenue to agree with County records.		\$ 0	\$ 46,449	\$ 46,449
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				



Provider			· v ·		Provider Number	No. of Adj.	Fiscal I	Period Ended	
	MERCED				00024	58	June	≥ 30, 2005	
	Report Refe	erence				As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS	Reported	(Decrease)	Adjusted	
				ADJUSTMENTS TO REPORTED SD/MC SETTLEM COUNTY PROVIDERS	<u>IENT</u>				
54 55 info	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC) TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - COUNTY PROVIDERS To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families	EED) due	\$ 4,521,185 53,503 \$ 4,574,688	\$ (25,568) \$ (504) \$ (26,072)	\$ 4,495,617 52,999 \$ 4,548,616	
				to adjustments to costs and units of service/time. ADJUSTMENTS TO REPORTED SD/MC SETTLEM					
				CONTRACT PROVIDERS					
56 info	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC) TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		\$ 13,302 \$ 13,302	\$ (1,123) \$ (1,123)	\$ 12,179 \$ 12,179	
				ADJUSTMENTS TO AS SETTLED STATE GENERAL	<u>FUNDS</u>	10,002	(1,120)		
57	SCH 4	1	3	SD/MC ACTUALS		\$ 7,631,035	\$ 53,559	\$ 7,684,594	
				To adjust SD/MC actuals as a result of adjustments to total computa as reflected in the MH 1979 forms for both the County Program and providers. The amounts utilized for this purpose was SD/MC and Er Outpatient services only.	its contract				
58	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$ 402,197	\$ 8,796	\$ 410,993	
				To adjust net cost settlement amount as a result of adjustments to S (Total Computable Medical), and total SD/MC claims. No adjustments were made due to EPSDT chart review.	D/MC actuals				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

FISCAL YEAR 2004 - 2005

Legal Entity: County of Merced	Α	В	С
Legal Entity Number: 00024	Salaries		Total
	and Benefits	Other	Costs
1 Mental Health Expenditures	15,187,082	5,799,933	20,987,015
2 Encumbrances		T.	
3 Less: Payments to Contract Providers (County Only)		(1,975,119)	
4 Other Adjustments from MH 1962	(2,226,362)	(15,845)	(2,242,207)
5 Total Costs Before Medi-Cal Adjustments	12,960,720	3,808,969	16,769,689
6 Medi-Cal Adjustments from MH 1961		55,766	55,766
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			16,825,455
Administrative Costs (County Only)			
9 SD/MC Administration			2,007,032
10 Healthy Families Administration			20,108
11 Non-SD/MC Administration			1,129,408
12 Total Administrative Costs			3,156,548
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			60,802
14 Other SD/MC Utilization Review			47,289
15 Non-SD/MC Utilization Review			47,953
16 Total Utilization Review Costs			156,044
17 Research and Evaluation (County Only)			
			अने अपना राज्य
18 Mode Costs (Direct Service and MAA)			13,512,863
19 Total Costs - Lines 9 through 18			16,825,455

State of California Health and Human Services Agency

Department of Mental Health

Department of Mental Health

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

FISCAL YEAR 2004 - 2005

	Legal Entity: County of Merced	A	В	C
Le	gal Entity Number: 00024	Salaries		Total
		and Benefits	Other	Adjustments_
1	Mentl Health Services Act	(119,904)	(33,914)	(153,818)
2	Accruals	214,398	152,425	366,823
3	Alcohal & Other Drug Costs	(2,320,856)	(816,049)	(3,136,905)
4	A-87 Costs		701,693	701,693
5	Contractor Payment accrual adjustment		(20,000)	(20,000)
6	<u> </u>			
7_				
8				
9				
10				
11				
12				
13				
14				
15				_
16				
17			;	
18		1		
19				
20	Total Adjustments	(2,226,362)	(15,845)	(2,242,207)

DET COST REPORT

PAYMENTS TO CONTRACT PROVIDERS

MH 1963 (Rev. 7/05)

FISCAL YEAR 2004 2005

Α	В	С	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	STATE HOSPITAL	00000	504.937
2	MANAGED CARE - INPATIENT	00000	101,997
3	STANISLAUS COUNTY BEHAVIORAL HEALTH	00050	155,459
4	VICTOR TREATMENT CENTERS, INC.	00118	64.055
5	LOGAN RIVER ACADEMY	00138	27,713
6	SIERRA VISTA	00170	1,131
7	MERCED MANOR	00230	220,503
8	FRESNO CARE & GUIDANCE	00248	101,825
9	ODD FELLOW-REBEKAH CHILDREN'S HOME	00255	7,689
10	DAVIS GUEST HOME	00262	91,100
11	ASPIRA COUNSELING SERVICES	00467	34,432
12	DEVEREAUX FOUNDATION	00472	24,534
13	NORTH VALLEY SCHOOLS	00484	52,745
14	SYLMAR HEALTH &REHAB	00566	89,922
15	BHC HERITAGE OAKS	00617	3,978
16	LARRY DUMFORD	00650	108,480
17	7TH AVE CENTER	00849	73,898
18	CRESTWOOD HOSPITALS INC., C/O HIS	00949	235,313
19	RAY CAPARROS	01112	5,200
20	MODESTO GUEST HOME	01114	1,635
21	CHALLENGED	01117	46,581
22	PENNACLE FOUNDATION INC	01231	21,992
23			
24			
45			
46			
47			
48		 	
49		!	
50			
	Total Payments to Contract Providers		1,975,119

State of California Health and Human Services Agency	Department of Mental Health	Department of Mental Health
DETAIL COST REPORT		
ALLOCATION OF COSTS TO MODES OF SERVICE		
MH 1964 (Rev. 7/05)	FISCAL YEAR 2004 - 2005	FISCAL YEAR 2004 - 2005

	Legal Entity: County of Merced		Α
Le	gal Entity Number: 00024		Total
			Costs
1	Mode Costs (Direct Service and MAA) from MH 1960		13,512,863
	Modes		
2	Hospital Inpatient Services (Mode 05-SFC 10-19)		
3	Other 24 Hour Services (Mode 05-All Other SFC)	ļ	2,173,028
4	Day Services (Mode 10)	1	241,636
5	Outpatient Services (Mode 15 Program 1 + Program 2)		10,244,327
6	Outreach Services (Mode 45)		707,795
7	Medi-Cal Administrative Activities (Mode 55)	3	
8	Support Services (Mode 60)	,	146,077
9	Total - Lines 2 through 8	,	13,512,863

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: MERCED County Code: 24

CR

	County Code: 24			CR					
	Legal Entity: County of Merced		A	В	С	D	E	F	G
Leg	al Entity Number: 00024			Service	Service	Service	Service	Service	Service
└	Mode: 05 - Other 24 Hour Services (All	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
-	Allocation Percentage		100.00%	100 00%					
-	Total Units		100.00%	4,134			_	_	
3	Gross Cost		2,173,028	2,173,028					-
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·				
4	Cost per Unit		11. 11. 11. 11.	525 65					
<u>5</u>	SMA per Unit Published Charge per Unit			505 15 580 92		<u> </u>			
- -	Negotiated Rate / Cost per Unit			360 92					
8	and the second of the second o				<u> </u>				
	Medi-Cal Units	07/01/04 - 09/30/04		704					
BA		10/01/04 - 06/30/05		1,854					
9 9A	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04 10/01/04 - 06/30/05		186		 			
10		07/01/04 - 09/30/04		100	_				
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05				 			
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05		_		-		-	
11		07/01/04 - 09/30/04							
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05							
12	Non-Medi-Cal Units		e minimum in	1,296					
13		07/01/04 - 09/30/04	370.056	370,056	· · · · · · · · · · · · · · · · · · ·				
13A	Medi-Cal Costs	10/01/04 - 06/30/05	974,551	974,551				_	
14		07/01/04 - 09/30/04	355.626	355,626					
14A	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05	936,548	936,548				_	
15	Madi Cal D Elisted Observe	07/01/04 - 09/30/04	408,968	408,968					
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05	1,077,026	1,077,026					
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A	THE CITY OF THE CONTROL OF THE CONTR	10/01/04 - 06/30/05							
17	Atadiaasa Atadi Cal Canana and Canana	07/01/04 - 09/30/04	49,411	49,411					
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	97,770	97.770		-			
18	Madiana Madi Cal Carray - CMA /languationia	07/01/04 - 09/30/04	47,484	47,484		† — —			
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05	93,958	93,958					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04	54,606	54,606					
19A	medicardimidar-dar Grossover r donaried Cridiges	10/01/04 - 06/30/05	108,051	108,051					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A		10/01/04 - 06/30/05		 		<u> </u>			ļ
21	Faharand SDR/C Cart	07/01/04 - 09/30/04							
21A	Enhanced SD/MC Costs	10/01/04 - 06/30/05							
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
22A	Emigrated doubter district oppositionits	10/01/04 - 06/30/05							
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A	ZZ. Zonino / dononica cinalgos	10/01/04 - 06/30/05				1			
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04	igsquare					L	
24A		10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05	1						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05				ļ.,,			
29	Harling Familias Conta	07/01/04 - 09/30/04				1			
29A	Healthy Families Costs	10/01/04 - 06/30/05			-				
30	Healthy Escritics C144 Heavy Limits	07/01/04 - 09/30/04							
30A	Heelthy Families SMA Upper Limits	10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31A	Trouting Fubilities Charges	10/01/04 - 06/30/05							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04				ļ			
32A	,	10/01/04 - 06/30/05			.,	ļ.,	<u> </u>	<u> </u>	
33	Non-Medi-Cal Costs		681,240	681,240		1		· · · · · · · · · · · · · · · · · · ·	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: MERCED

	County: MERCED County Code: 24			CR					
	Legal Entity: County of Merced		A	В	с	D	E	F	G
Leg	al Entity Number: 00024			Service	Service	Service	Service	Service	Service
_	Mode: 10 - Day Services	_	Mode Total	Function	Function	Function	Function	Function	Function
				40					
	Allocation Percentage		100 00%	100.00%					
2	Total Units			7,192					
3	Gross Cost		241,636	241,636	·	ļ			
4	Cost per Unit	<u> </u>		33.60					
5	SMA per Unit								,
	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8		07/01/04 - 09/30/04							
8A	Medi-Cal Units	10/01/04 - 06/30/05							
9		07/01/04 - 09/30/04							
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05	i High						
10	F.A. 100 F40 (0) 14: 111.3	07/01/04 - 09/30/04							
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05						 	
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05	air isi safas			T			
11		07/01/04 - 09/30/04	E 199 Line						
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05							
12	Non-Medi-Cal Units			7,192					
13		07/01/04 - 09/30/04						· · · · · · · · · · · · · · · · · · ·	
13A	Medi-Cal Costs	10/01/04 - 06/30/05						 	
14		07/01/04 - 09/30/04	 			 		 	
14A	ledi-Cal SMA Upper Limits	10/01/04 - 06/30/05	-					 	
15		07/01/04 - 09/30/04	_						
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05							
16	fedi-Cal Negotiated Rates	07/01/04 - 09/30/04	_					_	
16A		10/01/04 - 06/30/05							
		t tatigrafia artika ar india		eres a les relations	and the second				
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04			_			ļ	
17A		10/01/04 - 06/30/05	-				 	 	
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04 10/01/04 - 06/30/05	 					 	_
19		07/01/04 - 09/30/04		_			 		
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05					-	 	
20		07/01/04 - 09/30/04					 		
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05	 						
					<u> </u>	<u> </u>			
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04	_			<u> </u>			
21A		10/01/04 - 06/30/05	ļ <u> </u>			}	<u> </u>	ļ	
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	 					<u> </u>	
22A		10/01/04 - 06/30/05				 			
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04	 			 	 	 	
23A 24		10/01/04 - 06/30/05 07/01/04 - 09/30/04	 			 	 	 	
24A	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05		 					
	langua kantan daga	Contract of the Contract of th		<u> </u>	arar ar ararga	<u> </u>			
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05				ļ			
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	<u> </u>			<u> </u>	 	<u> </u>	
27	Enhanced SD/MC (Refugees) Published Charges		 						
28	Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 -		ļ.,.			1	<u> </u>	_	├
29	Usellin Cont	07/01/04 - 09/30/04				<u>† </u>			
29A	Healthy Families Costs	10/01/04 - 06/30/05						T-	
30	Hanklin Familias Chan II 1 I II-	07/01/04 - 09/30/04	, , , , , , , , , , , , , , , , , , ,						
30A	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05	1	_	_				
31	Hashin Familias Bublished Charges	07/01/04 - 09/30/04	1						
31A	Healthy Families Published Charges	10/01/04 - 06/30/05							
32	Healthy Familiae Magatists of Batas	07/01/04 - 09/30/04							
32A	Healthy Families Negotiated Rates	10/01/04 - 06/30/05							
33	Non Madi Cal Caste		241,636	241,636		1995 1 1995	 		
133	Non-Medi-Cal Costs	_	<u> </u>	241,036	I	i .	,	1	1 1

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: MERCED CR CR CR CR CR County Code: 24 Legal Entity: County of Merced D В С Legal Entity Number: 00024

Mode: 15 - Outpatient Services (Program 1) Service Service Service Service Service Service Mode Total Function Function Function Function **Function** Function 01 30 60 70 Allocation Percentage 51 01% 100.00% 10.86% 0.03% 28 60% 9 50% Total Units 562,634 2,040,666 1,305 619,345 256,032 10 171 383 Gross Cost 3,318 2,908,564 966,070 5,188,679 1,104,751 Cost per Unit 2.54 4 70 3 77 1.96 2.54 SMA per Unit 2.44 1.89 2.44 4 51 3 63 Published Charge per Unit 5 19 4 17 2.17 2.81 2.81 Negotiated Rate / Cost per Unit 07/01/04 - 09/30/04 96.559 340.854 118 117,689 33,276 Medi-Cal Units 10/01/04 - 06/30/05 239,293 900,637 1.058 339,293 98,202 07/01/04 - 09/30/04 234 430 205 Medicare/Medi-Cal Crossover Units 10/01/04 - 06/30/05 635 1,616 210 230 07/01/04 - 09/30/04 1,609 155 Enhanced SD/MC (Children) Units 60 360 10/01/04 - 06/30/05 21 517 10B Enhanced SD/MC (Refugees) Units 07/01/04 - 06/30/05 760 2,611 400 51 07/01/04 - 09/30/04 Healthy Families (SED) Units 10/01/04 - 06/30/05 19.104 2.728 529 1 847 12 Non-Medi-Cal Units 123,179 223,285 773,288 129 158,810 866,669 300 552,690 125,558 13 07/01/04 - 09/30/04 1,734,815 189,597 Medi-Cal Costs 370,540 13A 2,690 1,593,386 10/01/04 - 06/30/05 4,726,471 469,860 2,289,996 07/01/04 - 09/30/04 1,666,037 182,497 831.684 288 530.777 120,792 14 Medi-Cal SMA Upper Limits 10/01/04 - 06/30/05 4,539,084 452,264 2,197,554 2,582 1,530,211 356,473 209,533 138,761 957,800 07/01/04 - 09/30/04 1,917,231 332 610,806 Medi-Cal Published Charges 2,530,790 2,973 409,502 10/01/04 - 06/30/05 5,223,462 519,266 1,760,931 07/01/04 - 09/30/04 Medi-Cal Negotiated Rates 164 10/01/04 - 06/30/05 774 07/01/04 - 09/30/04 2,326 459 1,093 Medicare/Medi-Cal Crossover Costs 7,210 2,236 6,925 10/01/04 - 06/30/05 1,247 4,109 868 07/01/04 - 09/30/04 442 1,049 744 Medicare/Medi-Cal Crossover SMA Upper Limits 1,200 3.943 947 835 10/01/04 - 06/30/05 07/01/04 - 09/30/04 2,571 508 1,208 855 Medicare/Medi-Cal Crossover Published Charges 10/01/04 - 06/30/05 7,968 1,378 4.541 1,090 959 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Negotiated Rates 10/01/04 - 06/30/05 07/01/04 - 09/30/04 4,819 4 091 728 Enhanced SD/MC Costs 10/01/04 - 06/30/05 2.996 41 1,315 282 1,358 07/01/04 - 09/30/04 4,525 3,926 699 Enhanced SD/MC SMA Upper Limits 10/01/04 - 06/30/05 2,879 40 1,261 271 1 307 07/01/04 - 09/30/04 5,326 4,521 804 Enhanced SD/MC Published Charges 3,311 23A 10/01/04 - 06/30/05 46 1,453 311 1.501 24 07/01/04 - 09/30/04 Enhanced SD/MC Negotiated Rates 10/01/04 - 06/30/05 25 Enhanced SD/MC (Refugees) Costs 07/01/04 - 06/30/05 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/04 - 06/30/05 27 Enhanced SD/MC (Refugees) Published Charges 07/01/04 - 06/30/05 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 - 06/30/05 29 29A 07/01/04 - 09/30/04 10,202 1 492 6.639 1 878 192 Healthy Families Costs 10/01/04 - 06/30/05 3,627 1,996 67,009 48,575 12,811 30 07/01/04 - 09/30/04 9,796 1,436 6,371 1,804 185 Heelthy Femilies SMA Upper Limits 10/01/04 - 06/30/05 64,328 3,491 46,614 12,303 1,920 7,337 31 07/01/04 - 09/30/04 11,275 1,649 2.076 213 Healthy Families Published Charges 10/01/04 - 06/30/05 74,054 4,008 53,682 14,158 2,206 32 07/01/04 - 09/30/04 Healthy Families Negotiated Rates 10/01/04 - 06/30/05 3,615,535 438,428 1,966,193 745,803 464.784 33 Non-Medi-Cal Costs 328

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: MERCED

	County: MERCED County Code: 24			ASO	MHS	MHS	ASO	MHS	MHS
	Legal Entity: County of Merced		Α Ι	B 7	C	D D	E	F	G
Lea	al Entity Number: 00024		<u> </u>	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient Services (Progra	am 2)	Mode Total	Function	Function	Function	Function	Function	Function
			1 1	30	30	39	60	60	69
_	Allocation Percentage		100.00%	24 80%	11 64%	1 55%	0 97%	3 30%	57 75%
2	Total Units			23,340	9,465	585	915	2,335	6,450
3	Gross Cost		72,944	18,087	8,488	1,129	709	2,404	42,127
4	Cost per Unit			0 77	0 90	1 93	0 77	1 03	6 53
5	SMA per Unit			2.44	2 44	2.44	4 51	4 51	4 51
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Administration	07/01/04 - 09/30/04		3.780		50	251		2.235
8A	Medi-Cal Units	10/01/04 - 06/30/05	distinct in	8,398		482	664		3,906
9	Madiana Madi Cal Cassas and Units	07/01/04 - 09/30/04	i calibratio						
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05					_		
10	Enhanced SD/MC Units	07/01/04 - 09/30/04							
10A		10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05	lakantik Da						
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A	<u> </u>	10/01/04 - 06/30/05							
12	Non-Medi-Cal Units			11,162	9,465	53		2,335	309
13	Medi-Cal Costs	07/01/04 - 09/30/04	17,818	2,929		96	194		14,597
13A	Medi-Cai Costs	10/01/04 - 06/30/05	33,454	6,508		930	515		25,511
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	20,557	9,223		122	1,132		10,080
14A	Medi-Cai SMA Opper Clinits	10/01/04 - 06/30/05	42,278	20,491		1,176	2,995		17.616
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A		10/01/04 - 06/30/05	L						
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05							
17	Madiana Madi Cal Canana Casta	07/01/04 - 09/30/04							
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A		10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04		_					
19A		10/01/04 - 06/30/05							
20 20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
		10/01/04 - 06/30/05	100 100 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
21A		10/01/04 - 06/30/05				_			
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	<u> </u>						
22A		10/01/04 - 06/30/05							
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04	\vdash						
23A		10/01/04 - 06/30/05	1						
24 24A	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04	 						
	<u>arananaranananananananana kalalajaran arana kanananan arana arana kananana kalalajaran kananan kanana kanana k</u>	10/01/04 - 06/30/05		7	Tarana at				
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	<u> </u>						
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29	Healthy Families Costs	07/01/04 - 09/30/04							
29A		10/01/04 - 06/30/05							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30A		10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04	<u> </u>						
31A		10/01/04 - 06/30/05							
32	Healthy Families Negotiated Retes	07/01/04 - 09/30/04	L						
32A		10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs		21,662	8,650	8,488	102	0	2,404	2,018

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: MERCED County Code: 24

CR

CR

	County Code: 24		0.1	0.1				
	Legal Entity: County of Merced	Α	В	С	D	E	F	G
Le	gal Entity Number: 00024		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach Services	Mode Total	Function	Function	Function	Function	Function	Function
		· [10	20				
1	Allocation Percentage	100.00%	4.86%	95.14%				1
2	Total Units		18,570	5,002				
3	Gross Cost	707,795	34,417	673,378				
4	Cost per Unit		1.85	134.62				
5	Non-Medi-Cal Units		18,570	5,002				
6	Non-Medi-Cal Costs	707,795	34,417	673,378	· · · · · · · · · · · · · · · · · · ·		1	

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: MERCED County Code: 24

CR

	Legal Entity: County of Merced	A	В	C	D	E	F	G
Le	egal Entity Number: 00024		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
	Mode: 60 - Support Services	Mode Total						
			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		454					
3	Gross Cost	146,077	146,077					
4	Cost per Unit		321.76					
5	Non-Medi-Cal Units (Same as Line 2)		454					
6	Non-Medi-Cal Costs (Same as Line 3)	146,077	146,077	<u> </u>				



DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

•••	0.000 (1700)										1100	AL LAN 2	2005
	County: MERCED County Code: 24	<u> </u>			REIMBURS	EMENT TYPE	PC		SMA		F	Costs	
100	Legal Entity: County of Merced al Entity Number: 00024			В	С	D	E Totar	F	G	н	Total	J	K Yoraf
	ar Elioty (4011)244. VVVZ4		S F's 01-09	Mode 55 S F 's 11-19, 31-39	S F's 21-29	Total MAA	Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Outpatient (Col 1 + Col J)
1 1A	Medi-Cal Costs	07/01/04 - 09/30/04 10/01/04 - 06/30/05	3 / 3 0, 03	3173	3,32,23		Services	370,056	Day Survices	1,734,815	2,104,871	17,818	2 122 689
	Medi-Cal SMA	07/01/04 - 09/30/04				 -		974,551 355.626		4,726,471 1,666,037	5.701.022 2.021.663	33 464 20.557	5,734 486 2,042 220
2 2A 3 3A		10/01/04 - 06/30/05 07/01/04 - 09/30/04					Ī	936,548 408,968		4,539,084 1,917,231	5.475.632 2.326 199	42,278	5 5 1 7 9 1 0 2 3 2 6 1 9 9
	Medi-Cut P. C.	10/01/04 - 06/30/05						1,077,026		5.223.462	6.300.487		6.300 487
4 4A	Medi-Cal N. R.	07/01/04 - 09/30/04 10/01/04 - 06/30/05				-	 						
5 5A	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04 10/01/04 - 06/30/05						355,526 936,548		1,666,037 4,539,084	2.021,663 5,475 632	17.818 _33.464	2.039 481 5.509.096
6 6A 7	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05						49,411 97,770		2.326 7.210	51.737 104.980		51 737 104 980
7A	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04 10/01/04 - 06/30/05					F	47,484 93,958		2.236 6.925	100,883		49 720 100.883
8	Medicare/Medi-Cal Crossover P. C.	07/01/04 - 09/30/04 10/01/04 - 06/30/05						54,606 108,051		2.571 7.968	57 177 116,019		57 177 116,019
8A 9 9A	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04 10/01/04 - 06/30/05											
10 10A	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04 10/01/04 - 06/30/05						47,484 93,958		2.236 6.925	49.720 100.883		49.720 100.883
11 11A	Total SD/MC + Crossover Gross Reim.	07/01/04 - 09/30/04 10/01/04 - 06/30/05						403,11 <u>0</u> 1,030,506		1,668,273 4,546,009	2.071.383 5,576.515	17,818 33,464	2.089.201 5.609.979
12 12A	Enhanced SD/MC (Children) Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05								4,819 2,996	4 819 2 996		4 819
13 13A	Enhanced SD/MC (Children) SMA	07/01/04 - 09/30/04 10/01/04 - 06/30/05								4,625 2,879	4.625 2.879		4.625 2.879
14 14A	Enhanced SD/MC (Children) P. C.	07/01/04 - 09/30/04 10/01/04 - 06/30/05								5.326 3,311	5 326 3 311		5.326 3.311
15 15A	Enhanced SD/MC (Children) N. R.	07/01/04 - 09/30/04 10/01/04 - 06/30/05											
16 16A	Enhanced SD/MC (Children) Gross Reim.	07/01/04 - 09/30/04 10/01/04 - 06/30/05								4,625 2,879	4.625 2.879		4 625 2 879
17 18	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C.	07/01/04 - 06/30/05 07/01/04 - 06/30/05											
19 20	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/04 - 08/30/05 07/01/04 - 06/30/05											
21 21A	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/04 - 09/30/04 10/01/04 - 06/30/05						403,110 1,030,506		1.672.898	2.076.008 5,579,394	17 818 33,464	2.093 826 5,612,858
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/04 - 06/30/05						1,030,300		4,548,888	3,378,384	33,404	
23 23A	Healthy Families Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05					1			10.202 67.009	10.202 67.009		10 202 67,009
24 24A	Hasithy Families SMA	07/01/04 - 09/30/04 10/01/04 - 06/30/05								9.796 64,328	9.796 64 328		9 796 54 328
25 25A	Healthy Families P. C.	07/01/04 - 09/30/04								11.275	11,275		11.275
25A 26 26A	Healthy Families N. R.	10/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05							-	74.054	74,054		74 054
27 27A	Healthy Fernilles Gross Reim.	07/01/04 - 09/30/04 10/01/04 - 06/30/05					-			9.796 64.328	9.796 64.328		9 796 64 328
	Less: Patient and Other Payor Revenue						1		. ir	54.326	64,320		64 328
28 28A	SD/MC + Crossover Revenue	07/01/04 - 09/30/04 10/01/04 - 06/30/05						12,288		34,161	46,449		46,449
28 28A 29 30 31	Enhanced SDMC (Children) Revenue Enhanced SDMC (Refugees) Revenue Healthy Families Revenue						<u> </u>						
32	Total Expenditures from MAA (Mode 55)			 	<u> </u>		 						
33 34	Medi-Cal Eligibility Factor (Average) Revenue - MAA			107030 01010	<u> </u>								
35 35A	Net Due - SD/MC for Direct Services	07/01/04 - 09/30/04						403,110		1,672,898	2.076.008	17,818	2 093 826
35A 36	Net Due - Enhanced SD/MC (Refugees)	10/01/04 - 06/30/05	100 to 10			Harrier To		1.018,219		4,514 727	5,532.945	_ 33.464	5.566,409
36 37 37A	Not Due - Healthy Families	07/01/04 - 09/30/04 10/01/04 - 06/30/05								9,796 64,328	9,796 64,328		9,796 64 328
	Amount Negotiated Rates Exceed Costs												
38 38A	SD/MC (Includes Children)	07/01/04 - 09/30/04 10/01/04 - 06/30/05					 	 		 			
38 38A 39 40 40A	Enhanced SDMC (Refugees)	07/01/04 - 09/30/04											
40A	Healthy Femilies	10/01/04 - 06/30/05						t					

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

Legal Entity: County of Merced		_ A	В) c	D	E	F	G	r		J
Legal Entity Number: 00024		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable %	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)					. (3.7					
County SD/MC Direct Service Gross Reimburs				7,706,684	7,706,684	to March 1					
Contract Providers Medi-Cal Direct Service Gro	ss Reimbursement		203.994	24,359	228.353						
Total Medi-Cal Direct Service Gross Reimburse				anni and differen	7,935,037						
Medi-Cal Administrative Reimbursement Limit		alala del del dest		Harrist Control	1,190,255	Hirt. A. F. L. L.					
Medi-Cal Administration				BORDAN CHARL	2,007,032						
Medi-Cal Administrative Reimbursement		delinali, di s	talian in the same	Barrier William	1,190,255	595,128					595 1
Healthy Families Administrative Reimbursemen				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74 136						
County Healthy Families Direct Service Gross F			 	74,125	74,125			 			
A Contract Providers Healthy Families Direct Ser B Total Healthy Families Direct Service Gross Re			1 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	10001000100 00 0	74,125	 	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Healthy Families Administrative Reimbursemer			# 12 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7,412	 					
Healthy Families Administrative Reimbursemen Healthy Families Administration	n Cond				20,108	 					
Healthy Families Administrative Reimbursement	 -	19191 192 197919191919 91919191 19791919191	1 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7,412	 			4.818		4,5
o nealthy ramiles Administrative Reimbursemer	!! -!-!-!-!-!-!-!-!-!-!-!-!-!-!-!-!-!-!					1			4,616		
SD/MC Net Reimbursement for MAA		Harida, Hrani		Halatati ta Edi							
Medi-Cal Admin. Activities Svc Functions 01 - 0	9			Habit Catif							_
12 Medi-Cal Admin. Activities Svc Functions 11 - 1											
13 Medi-Cal Admin. Activities Svc Functions 21 - 2	9 (County Only)			ininininininini							
14 Utilization Review-Skilled Prof. Med. Personnel	(County Only)	a papara para reperation de la constanta de la			60,802			 		45,602	45.6
15 Other SD/MC Utilization Review (County Only)	(County Only)				47,289	23.645				43,002	23.6
13 Other Some Culization Review (County Only)	eranda erand				error of the second	25,045					
SD/MC Net Reimbursement for Direct Services	07/01/04 - 09/30/04			2,089,201	2,089,201		1,044,600				1,044,6
16A SO/MC Net Reimbursement for Direct Services	10/01/04 - 06/30/05			5,563,531	5,563,531			2,781,765			2,781,7
Enhanced SD/MC Net Reimb. (Children)	07/01/04 - 09/30/04			4,625	4,625				3,006		3.0
1/A ' ' '	10/01/04 - 06/30/05			2,879	2,879				1,871		1.8
18 Enhanced SD/MC Net Reimb. (Refugees)	Enhanced SD/MC Net Reimb. (Refugees)										
19 Total SD/MC Reimbursement Before Excess F	ED	eleteteleteteletetete eletete eletetetetetetete							· · · · · · · · · · · · · · · · · · ·		4.495.6
20 Amount Negotiated Rates Exceed Costs - SD/				1 11 11 11 11 11 11 11 11 11 11 11 11 1	<u> </u>						4,47,1,0
21 Total SD/MC Reimbursement (FFP)	VIC & ZIIII. ODAVIC			Paragle State of State	19.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			·		4 495 6
22 Contract Limitation Adjustment									 		4,470
Adjusted Total SD/MC Reimbursement (FFP)						<u> </u>					4 495 6
23 Adjusted Total SD/MC Reimbursement (FFP)	<u></u>										
Healthy Families Net Reimbursement	07/01/04 - 09/30/04			9,796	9,796				6,368		6.3
24A	10/01/04 - 06/30/05			64,328	64,328	the their activities			41,813		41.8
5 Total Healthy Families Reimbursement Before Excess FFP							Hariff House				52.0
26 Amount Negotiated Rates Exceed Costs - Hea	thy Families						3				
27 Total Healthy Families Reimbursement		leteteretetetetetetet		HI DOMESTIC A TAN	Factor 1						52.99